

**TENNESSEE DEPARTMENT OF EDUCATION
APPLICATION FOR RENEWAL OF OCCUPATIONAL EDUCATION LICENSE**

Last Name	First Name	Middle/Maiden	
Social Security Number	Telephone Number	Date of Birth	* Sex * Race
Street/P.O. Box	City	State	Zip Code

_____ **Name/Address Change** **OPTIONAL *Statistical Information Only**
 (provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name.)

Answer the following questions if you have EVER held a Tennessee Teacher License or Tennessee Teacher Permit.
 Since your license was last issued or renewed have you been convicted of a felony (including a plea of nolo contendere), used narcotics or intoxicants improperly, been convicted of possessing narcotics, falsified documentation required for licensure, or altered your license or certificate? _____ **Yes** _____ **NO**

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is revocation of that license. Signature _____ Date _____

MARK ONLY ONE: (Verification of current industry certification required for all renewals)

- A. _____ I have a Masters degree or above and I have taught 5 years within in the ten-year validity period of my license. I am enclosing the attached form signed by my superintendent to verify at least (5) years of teaching experience in an approved school. *(If all your experience is in Tennessee public schools you may omit this step and mail only this form)*
- B. _____ I have a Masters degree or above and I have NOT taught (5) years within the ten-year validity period of my Professional License.
- C. _____ I have less than a Masters degree.

If you have marked B or C, you must earn 90 renewal points.

To Earn 90 Renewal Points and satisfy Vocational Educational Renewal Requirements provide the following documentation:

_____ Verification of 480 hours of non-teaching experience in the occupational area and 90 clock hours of participation in professional/technical workshops (6 semester hours of appropriate coursework may be substituted for the 90 clock hours of professional/technical workshops).

OR

_____ Computation sheet reflecting 210 hours of professional/technical workshops (a maximum of 6 semester hours of appropriate coursework may be substituted for 90 clock hours of professional/technical workshops).

AND

_____ All applicants for cosmetology, barbering, and health occupations must also submit proof they hold a current state license to practice that profession. My license or a notarized copy of my license number is attached.

Please mail all correspondence to:

**TENNESSEE DEPARTMENT OF EDUCATION
Office of Teacher Licensing
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
(615) 532-4885**